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FORM 17-6.2

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**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)  
**ROCKCO P32AUSRI**

As a below named inventor, I hereby declare that:  
My residence, past office address and citizenship are stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,150,818, granted August 22, 2000, and for which a reissue patent is sought on the invention entitled FOOD DISPENSING CYCLE AND MEANS the specification of which is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  
I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.  
☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.  
☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:  
At least one error upon which re-issue is based is described as follows. The present re-issue is a broadening re-issue and the error involves the failure of the patentee to claim as broadly as he is entitled and in particular, to claim a method for preparing and transporting food without for example the step of "the dispensing of food", is not required to be recited in the broadest claim.

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**Burden Hour Statement:** This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual filer. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(Reissue Application Declaration by the Inventor (PTO/SB/51) [17-6.2]—page 1 of 2)

BURLIDGE LTD

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NO. 159

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**(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)**

All errors corrected in this reissue application arise without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Michael J. Bujold Registration Number 32,018  
Scott A. Daniels 42,462  
Gary D. Clark 29,958

Correspondence Address: Check all communications about this application to:  
☒ Customer Number 020210 →   
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**PATENT & TRADEMARK OFFICE**  
**020210**

**Office of the Commissioner of Patents and Trademarks**

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the filing made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of each of the inventor(s) (given name, family name)  
Angelo Bujold  
 Inventor's signature [Signature]  
 Residence [Signature]

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**Post Office Address** [Signature]

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

(Reissue Application Declaration by the inventor (PTO/SR/ST) (17-62) - page 2 of 2)